## S315: Reversal surgery in regretful male to female transsexuals after sex reassignment surgery

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**INTRODUCTION & OBJECTIVES:** Sex reassignment surgery (SRS) has proven to be an effective intervention for the patient with gender identity disorder. However, misdiagnosed patients regret their decision and request reversal surgery. This review is based on our experience with six patients who regretted their decision after male to female surgery.

**MATERIAL & METHODS:** Between November 2010 and January 2014, six male patients, aged 33 to 53 years, with a previous male to female sex reassignment surgery, underwent reversal phalloplasty. Preoperatively, they were additionally examined by three independent psychiatrists. Surgery included three steps: removal of female genitalia, total phalloplasty with microvascular transfer of the musculocutaneous latissimus dorsi flap and urethral lengthening with penile prostheses implantation

**RESULTS:** Follow-up period was from 6 to 42 months (mean 18 months). Good postoperative results were achieved in all patients. In three patients all surgical steps have been completed; two patients are currently waiting for penile implants, while one patient decided against penile prosthesis. Complications were related to urethral lengthening: two fistulas and one stricture were noted. All complications were repaired by minor revision. According to patients' self-reports, all patients were pleased with the esthetic appearance of their genitalia and with their significantly improved psychological status.

**CONCLUSIONS:** The vast majority of properly diagnosed transsexual patients are satisfied with their decision following gender reassignment surgery, with only a few regretting it. Reversal surgery present complex and multistage procedure, but it leads to satisfactory outcome. It is indicted only after a new cycle of thorough preoperative psychiatric and endocrinological treatment. Further insight into the characteristics of persons who postoperatively regretted their decision would facilitate future selection of applicants eligible for SRS.

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